

Village of Walton Hills
Recreation Department
7595 Walton Hills
Walton Hills, Ohio 44146
(440) 786-2964

REGISTRATION FEES:
RESIDENT - \$75.00
RESIDENT FAMILY - \$175.00
NON-RESIDENT - \$90.00
LATE REGISTRATION FEE - 25.00
(AFTER 4-1-15)

BASEBALL & SOFTBALL REGISTRATION FORM

REGISTRATION CLOSING ON APRIL 1, 2015

Boys (circle one) **Age as of 8-1-15**

Coach Pitch (7-8 years old)

Minors (9-10 years old)

Majors (11-12 years old)

Pony (13-15 years old)

Girls (circle one) **Age as of 8-1-15**

Coach Pitch (7-8 years old)

Minitail (9-11 years old)

Pigtail (12-14 years old)

Child's Name: _____ Date of Birth: _____ Age today: _____

Parent/Guardian Name: _____ Address: _____

City & Zip code: _____ Home Phone: _____ Work Phone: _____

Cell Phone: _____ Alt Cell Phone: _____ Email address: _____

Pants, Shorts and Shirt Sizes

Youth Small (6-8)

Youth Medium (10-12)

Youth Large (14)

Adult Small (34-36)

Adult Medium (38-40)

Adult Large (42-44)

Pants: _____

Shirt: _____

Shorts: _____

Does child have any physical ailments, such as allergies, heart, other?

If yes please explain if special attention is needed. _____

Having been informed of the organization of the Walton Hills Recreation Department to provide supervised youth baseball/softball, I/ We the parents/ Guardians of the above named candidate, do hereby give my/our approval of his/her participation in any and all of the activities during the current season. I/We do assume all the risks and hazards incidental to the conduct of the activities, transportation to and from the activities, and I/We do further hereby release, absolve, indemnify and hold harmless the Village of Walton Hills, the organizers, sponsors, leasers, and the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our child to or from activities.

The Village of Walton Hills does provide secondary-emergency insurance. Do you have hospitalization and / or medical insurance? _____

I have read and understand the above waiver and release:

Parent/Guardian

Date

Volunteer Coach Registration: Name & Phone: _____ Head Coach Assistant

Date Paid _____ Cash _____ Check# _____ CK Amount _____
Res. Fee: \$75.00 Res. Family Fee: \$175.00 Non-Res. Fee: \$90.00